Home Health Certification and Plan of Care

Order ID: 1195/804

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
373447264	06/10/2026	From: 08/09/2026 To: 10/07/2026	7264	239350

6. Patient's Name and Address
Gerald Meltzer
20660 Long Beach Dr,
HILLMAN, MI 49746-
480-227-3799

7. Provider's Name, Address and Telephone Number
Evergreen Home Health
403 W Main Street Suite A1
Gaylord, MI 49735-1887
989-214-1114
1184225021

8. DOB 11/02/1946 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M86.171	Other acute osteomyelitis right ankle and foot	06/10/26

13. ICD	Other Pertinent Diagnoses	Date
L08.9	Local infection of the skin and subcutaneous tissue unsp	06/10/26
L03.119	Cellulitis of unspecified part of limb	06/10/26
D46.9	Myelodysplastic syndrome unspecified	06/10/26
G62.9	Polyneuropathy unspecified	06/10/26
I73.9	Peripheral vascular disease unspecified	06/10/26
G93.41	Metabolic encephalopathy	06/10/26
N17.9	Acute kidney failure unspecified	06/10/26
I95.1	Orthostatic hypotension	06/10/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Sennosides-Docusate Sodium Oral Tablet 8.6-50 MG 8.6-50 mg / 1 tablet by mouth as necessary twice a day as needed for constipation
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 1 capsule by mouth in the evening
Melatonin - Melatonin 3 MG / 1 tablet by mouth as necessary at bedtime as needed for sleep
BISACODYL RECTAL SUPPOSITORY 10 MG 10 MG / 1 Suppository(ies) rectal as necessary as needed for constipation
Rosuvastatin Calcium - Rosuvastatin Calcium 10 mg / 1 tablet by mouth once a day
Pregabalin - Pregabalin 100 mg / 1 capsule by mouth twice a day
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 1 packet by mouth once a day ALSO LISTED BID - PLEASE REVIEW
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 40 MG / 1 tablet by mouth once a day before meals
Metronidazole - Metronidazole 500 mg / 1 tablet by mouth twice a day
Guaifenesin - Guaifenesin 500 MG/5 ML - 10 ML by mouth as necessary every 4 hours as needed for cough
Furosemide - Furosemide 40 mg / 1tablet by mouth twice a day
Finasteride - Finasteride 5 mg / 1tablet by mouth once a day
Diclofenac Sodium - Diclofenac Sodium 1% topical four times a day
Amitriptyline Hydrochloride - Amitriptyline Hydrochloride 25 mg / 1 Tablet by mouth in the evening
Allopurinol - Allopurinol 300 mg / 1 tablet by mouth once a day
Ancef In Sodium Chloride 0.9% In Plastic Container - Cefazolin Sodium 6gm intravenous once a day

14. DME and Supplies:
wound care supplies, 4 wheeled walker, cane, ,

15. Safety Measures:
fall precautions, ambulates with device, standard precautions

16. Nutrition:
low cholesterol, low sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: -, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Difficult to leave home without assistance, foley, walker, PICC line IV antibx

Clinical Condition Requiring Homecare: Other acute osteomyelitis, right ankle and foot

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/09/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/06/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 90 > 100, pain < 0 > 7

CAREGIVER: -

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently

PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
NATHAN GALLAGHER
211 LONG RAPIDS RD
ALPENA, MI 49707-1315
PHONE: (989) 354-2142 FAX: 19893548600 NPI: 1497138226

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date :

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: Home Health Clinician to provide ongoing patient and caregiver education regarding prevention of skin breakdown and pressure injuries during the home health episode as clinically indicated.; Home Health Clinician to assess fall risk and provide ongoing patient and caregiver education regarding fall prevention and home safety measures throughout the home health episode as clinically indicated.; Home Health Clinician to assess, monitor, educate, and implement non-pharmacological pain management interventions as clinically indicated throughout the home health episode. Notify physician/authorized provider of uncontrolled pain, significant changes in pain status, or adverse medication effects.; Home Health Clinician to assess, monitor, and provide patient/caregiver education regarding mood status, signs and symptoms of depression, and coping strategies throughout the home health episode. Notify physician/authorized provider of significant mood changes, safety concerns, or worsening depressive symptoms.; Home Health Clinician to implement standard and transmission-based infection control precautions as indicated and provide ongoing patient/caregiver education regarding infection prevention throughout the home health episode. Notify physician/authorized provider of suspected or confirmed infection or clinical deterioration.; Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care.; Home Health Clinician to assess patient advance directive status and provide education regarding advance care planning throughout the home health episode. Assist with identification, completion, or updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:Patient has a DPOA, Name of DPOA: MELTZER, JUDITH,Copy was requested, Patient has Advanced Directives Material provided, Patient has been educated on Adv. Directives

08/24/2026 Problems : dependent edema (CR)
muscle weakness (MS)
bruising/discoloration (SK)
M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1830 - Bathing
M1840 - Toilet Transferring
M1850 - Transferring
M1860 - Ambulation/Locomotion
balance deficit
open sores/lesions
limited strength
limited endurance

PROCEDURES: apply anti-embolitic stockings, apply compression bandage, home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control, assist with fall prevention, assist with lower body dressing, assist with upper body dressing

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Lower Body Dressing - 06 Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by ABRAHAM, ALEXIS RN SN

Date
08/07/2026